PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 APR 15 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000074409

1. Corporation Name

Julia Barriga MD, PA

2. Principal Office Address	**3.** Mailing Office Address
5507 East Busch Blvd	same
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33617 Country: Hillsborough	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 8/26/98

5. FEI Number: 593535286 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JULIA BARRIGA MD.

000005338490--6
-04/25/02--01004--025
****458.75 ****458.75

Street Address (P.O. Box Number is Not Acceptable): 5507 East Busch Blvd

Suite, Apt. #, Etc. —

City: TAMPA State: FL Zip Code: 33617

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Julia Barriga M.D. Date: 04-10-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	JULIA BARRIGA MD	5507 East Busch Blvd	TAMPA FL 33617

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Julia Barriga M.D; PA — 04-10-02 — 813-984-8846
SIGNATURE AND ~~TYPED OR PRINTED~~ NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

April 10, 2002

To Whom It May Concern:

The corporation "Julia Barriga, M.D., P.A." document number P98000074409 was administratively dissolved by the Florida Department of State office on September 22, 2000 for failure to file the 2000 uniform business report.

As stated by Leslie (from the Internet Access Department) it appears that the 2000 second notice uniform business report was returned by the post office "undeliverable". I was informed that the Florida Department of State could grant a waiver of the reinstatement fee at this time.

Please find enclosed the Corporation Reinstatement form with a check for the amount of $458.75, which should cover the filing fee for each year since 2000 and the certification of status fee.

Sincerely,

Julia Barriga MD, PA

Ps: if you might have any questions or concerns please email: renzogrande@privmed.com or call 813-984-8846.

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